

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-028993  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No.

Registrar's No.

691E

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

16 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Deaconess Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jefferson

c. CITY OR TOWN High Ridge

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Box 239 Rt. #1

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

CHARLES

RUDOLPH

MUELLER

4. DATE OF DEATH

July 11th, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-31-1908 53 Yrs

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY

Monsanto Co

11. BIRTHPLACE (City and state or country)

St. Louis Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles R. Mueller

13b. MOTHER'S MAIDEN NAME

Ida Bonacker

14. NAME OF HUSBAND OR WIFE

Marie F. Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(If yes, give year or dates of service)

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Marie Mueller Box 239 High Ridge Mo

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Aortic Stenosis

years

DUE TO (c)

Rheumatic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Auricular Fibrillation

411x

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-14-62 to 7-11-62

and last saw her alive on 7-10-62

Death occurred at

12:45 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Phyllis Comess

22b. ADDRESS

6500 Chippewa St. St. Louis

22c. DATE SIGNED

7/13/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

7-14-1962

23c. NAME OF CEMETERY OR CREMATORY

Park Lawn Cemetery

23d. LOCATION (City, town, or county)

Lemay (25) Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Fendler Und. Co. 7420 Michigan Ave (11)

25. DATE RECD. BY LOCAL REG.

JUL 13 1962

26. REGISTRAR'S SIGNATURE

Hoan Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Philip Comens  
6500 Chippewa St  
FL 2-8383

1 tile 5

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.